We are still waiting for release of guidance from the Feds on funding details

Just thought I'd get that out of the way up front, as it is the single most frequent question I get. The Office of the National Coordinator (ONC) head, the national coordinator of HIT himself, Dr. David Blumenthal, was in Vermont for the semi-annual State Alliance for e-Health meeting on Friday, August 7 but did not offer any specificity. By the way, archived video of the State Alliance for e-Health meeting, including Dr. Blumenthal's presentation, is available here: http://www.tvworldwide.com/events/nga/090807/

On a related theme, we've been told for weeks and weeks that release of a State Medicaid Directors (SMD) letter with guidance on CMS funding to support HIE is "imminent" but are still awaiting its release. Monday, the National Association of State Medicaid Directors (NASMD) sent a letter to CMS asking for action. (Attached)

We continue to stand by, but be assured as soon as information is available, I'll get notice right out to this e-list and post it on the http://hcr.vermont.gov web site. Not to get anyone's hope raised prematurely, but over the last two days, we've gotten word that CMS and ONC are working with NASMD and NGA to organize a call for state officials later this week. If there is any breaking news coming out of that call, I'll send an Update.

MARK YOUR CALENDAR

Dr. Don Detmer, immediate past President and CEO of the American Medical Informatics Association will be in Vermont in September. We are organizing a panel discussion (*tentatively* from 10 a.m. – Noon at the State House on **Thursday**, **September 17**) where Dr. Detmer can learn about our work here in Vermont and we can hear from him and get his insights into the national HIT-HIE discussion and evolving landscape. A profile/appreciation of Dr. Detmer's contributions to medical informatics published in the AMIA Journal is available by request (as it is too large to append to this email...). It should be a thought-provoking, very interesting morning.

ONC HIT Policy Committee Meeting

Last Friday, the group charged with making significant policy recommendations to ONC that in turn get made to CMS about "meaningful use" and other HIT and HIE policy, met again. The Committee approved an updated Meaningful Use matrix (attached) and described a time line for next steps.

- third quarter 2009—develop a process for updating meaningful use objectives and measures, and add 2011 measures relevant to specialties;
- fourth quarter 2009—conduct informational hearings to inform 2013 and 2015 criteria development;
- first quarter 2010—update 2013 and 2015 criteria;
- second quarter 2010—work with HIT Standards Committee to ascertain availability of relevant standards;
- third quarter 2010—refine 2013 meaningful use criteria; and
- fourth quarter 2010—assess industry preparedness for meeting 2011 and initial 2013 meaningful use criteria.

The ONC Policy Committee's Health Information Exchange Work Group made a series of recommendations that support a fully integrated role for state level health information exchanges like VITL in helping health care providers achieve meaningful use. Those recommendations include:

<u>Information exchange requirements</u> There should be core information exchange requirements that are technology and architecture neutral and would apply to all participants seeking to demonstrate meaningful use to CMS.

<u>Core requirements</u> Consistent with the recommendations of the Certification work group, these core requirements should be focused on the capability to achieve meaningful use and include interoperability, privacy, and security.

<u>Certification of interoperability components</u> Federal government should certify EHR and health information exchange components on these core requirements to ease burden on eligible professionals and hospitals for meeting and demonstrating adherence with meaningful use requirements.

<u>Aligning federal and state efforts and bringing existing efforts into alignment</u> Federal and state government approaches should be complementary, and grants to states should require alignment with federal meaningful use objectives and measures.

At July's Policy Committee meeting, the Certification and Adoption Work Group made a series of recommendations that were somewhat controversial because of the direction they took away from the CCHIT (Certification Commission on Health Information Technology) EHR standards toward a broader certification standard tied to meaningful use. Last Friday, the Policy Committee reviewed and then adopted the work group's recommendations. While these are still not final, as they are only recommendations to ONC from the Committee, ONC is likely to follow these closely when the promulgate official policy and rules.

<u>Definition of HHS Certification</u> HHS Certification means that a system is able to achieve the minimum government requirements for security, privacy, and interoperability, and that the system is able to produce Meaningful Use results that the government expects.

- 1. Focus on meaningful use through a new certification process, including an increased specificity on interoperability.
- Improve progress on security, privacy and interoperability, developing tighter integration between standards and certification and, if necessary, commissioning (not just harmonizing) the development of standards with very specific requirements for interoperability and data exchange.
- 3. Improve objectivity and transparency of the certification process, with ONC defining criteria and other (multiple) external entities conducting testing.
- 4. Expand certification to include a range of software solutions including self-developed, open source, and approaches that combine web-based and other technologies.
- 5. Short term transition plan would include "preliminary HHS Certification" and "gap certification" for CCHIT 2008 certified systems to bridge to new process.

Lots more detail, including slides from these and other presentations are all at: http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPag&parentid=26&mode=2&in_hi_userid=11113&cached=true

(Or if that link doesn't work for you, go to http://healthit.hhs.gov/portal/server.pt and click on "HIT Policy Committee" in SPOTLIGHT box.)

Here's a link to a Modern Healthcare story on the ONC meeting:

http://www.modernhealthcare.com/article/20090817/REG/308179991 And two from Information Week: http://www.informationweek.com/story/showArticle.jhtml?articleID=219400423 & http://www.informationweek.com/blog/main/archives/2009/08/workgroup_cocha.html;jsessionid=BJFDRFXWSHLUVQE1GHRSKH4ATMY32JVN

David Kibbe & Brian Klepper explain Interoperability

This is a lovely little post: http://www.thehealthcareblog.com/tech/2009/08/why-standards-matter-1-the-true-meaning-of-interoperability.html#more

Health Information Exchange (HIE) Guide Published

The National Governor's Association Center for Best Practices released this report at the e-Health Alliance meeting: *Preparing to Implement HITECH: A State Guide for Electronic Health Information Exchange*

(http://www.nga.org/Files/pdf/0908EHEALTHHITECH.PDF)

The report outlines eight steps for states, all of which Vermont has done or has underway.

- Action 1: Prepare or Update the State Plan for HIE Adoption
- Action 2: Engage Stakeholders
- Action 3: Establish a State Leadership Office
- Action 4: Prepare State Agencies to Participate
- Action 5: Implement Privacy and Security Strategies and Reforms
- Action 6: Determine the HIE Operational and Business Model
- Action 7: Create a Communications Strategy
- Action 8: Establish Opportunities for Health IT Training and Education

I am preparing a summary of our work to date on these efforts which will be shared with the Health Care Reform Commission for its September meeting and will be posted on the HCR web site as soon as it is completed (probably by week's end). The short summary is that we're making good progress in each of these areas.

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